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PTO/SB/01 (12-97)

Approved for use through 9/30/00.OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration
Submitted
with Initial
Filing

OR

☒ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16(e))
required)

Attorney Docket Number

13724-845

First Named Inventor

Balbierz

COMPLETE IF KNOWN

Application Number

09/823,910

Filing Date

03/30/01

Group Art Unit

1651

Examiner Name

NA

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Tissue Biopsy and Treatment Apparatus and Method

(Title of the Invention)

the specification of which

☐ is attached hereto
OR

☒ was filed on (MM/DD/YYYY) 03/30/01

as United States Application Number or PCT International

Application Number 09/823,910 and was amended on (MM/DD/YYYY) N/A (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or '365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(h) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

(Page 1 of 2)

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of the application is not designated in the prior United States or PCT international application in the manner provided by the first paragraph of 31 U.S.C. 112. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☐ Customer Number   

OR

☒ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Joel M. Harris	44,743		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

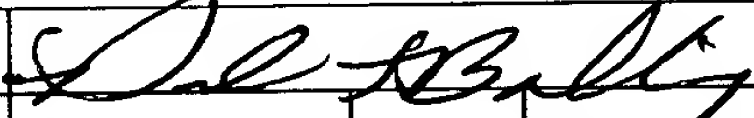
Direct all correspondence to: ☐ Customer Number  OR ☒ Correspondence address below

Name	Joel M. Harris						
Address	RITA Medical Systems, Inc						
Address	967 N. Shoreline Blvd						
City	Mountain View	State	CA	ZIP	94043		
Country	U.S.	Telephone	650-314-3400		Fax	650-390-8505	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))				Family Name or Surname			
Daniel J.				Baiblerz			
Inventor's Signature						Date	7/23/01
Residence: City	Redwood City	State	California	Country	US	Citizenship	US
Post Office Address	973 Cambridge Road						
Post Office Address							
City	Redwood City	State	CA	ZIP	94061	Country	US

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto:

(Page 2 of 2)

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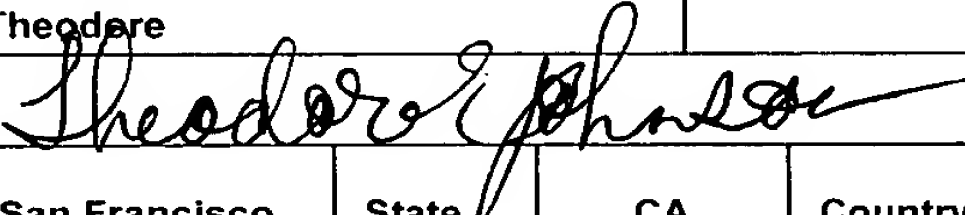
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DECLARATION	ADDITIONAL INVENTOR(S) Suppl m ntal Sh t Pag <u>1</u> of <u>1</u>
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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor											
Given Name (first and middle (if any))				Family Name or Surname											
Theodore				Johnson											
Inventor's Signature					Date		July 21, 2001								
Residence: City		San Francisco		State		CA		Country		US		Citizenship		US	
Post Office Address		784 Carolina Street													
Post Office Address															
City		San Francisco		State		CA		ZIP		94107		Country		US	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor											
Given Name (first and middle (if any))				Family Name or Surname											
Inventor's Signature								Date							
City				State				Country				Citizenship			
Post Office Address															
Post Office Address															
City				State				ZIP				Country			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor											
Given Name (first and middle (if any))				Family Name or Surname											
Inventor's Signature								Date							
City				State				Country				Citizenship			
Post Office Address															
Post Office Address															
City				State				ZIP				Country			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor											
Given Name (first and middle (if any))				Family Name or Surname											
Inventor's Signature								Date							
City				State				Country				Citizenship			
Post Office Address															
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